

**ARMY FAMILY TEAM BUILDING (AFTB)
REGISTRATION FOR DEPARTMENT OF ARMY-FUNDED TRAINING**

For use of this form, see AR 608-48; the proponent agency is ACSIM

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 3013, Secretary of the Army; Army Regulation 608-48, Army Family Team Building Program; and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To improve documentation for overall readiness of the Army through education by assisting members in adapting to Army life and accepting challenges.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilation of system of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may prevent you from meeting your educational needs and family readiness enhancement.

1. COURSE TITLE		2. COURSE DATES		
3. NAME (Last, First, MI)		4. SOCIAL SECURITY NUMBER (Do not use your sponsor's Social Security Number)		
5. MAILING ADDRESS		6. CITY	7. STATE	8. ZIP CODE
9. HOME PHONE	10. WORK PHONE		11. EMAIL ADDRESS	
12. YOUR COMMERCIAL FAX NUMBER		13. DSN		
14. REGION/MACOM		15. STARC		16. RSC
17. INSTALLATION/COMMUNITY		18. UNIT		
19. ARE YOU A VOLUNTEER? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		20. RANK OF YOUR SPONSOR		
21. ARE YOU PAID STAFF WORKING FOR AFTB? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		22. ARE YOU A CONTRACTOR? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		
23. TRAVELING FROM		24. TRAVELING TO		
25. CHECK MODE OF TRAVEL <div style="text-align: center;"><input type="checkbox"/> AIRPLANE <input type="checkbox"/> PRIVATE AUTO <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS</div>				
26. HOW MUCH IS YOUR ROUND TRIP PLANE/TRAIN/BUS FARE?		27. IF TRAVELING BY AUTO, ESTIMATE YOUR ROUND TRIP MILEAGE		

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REGISTRATION FOR DEPARTMENT OF ARMY-FUNDED TRAINING *(continued)***

**IF YOU REQUIRE A DD FORM 1610 (REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL),
PLEASE COMPLETE THE FOLLOWING.**

28. POSITION TITLE	29. CIVIL SERVICE GRADE/MILITARY RANK
30. OFFICIAL DUTY STATION	
31. ORGANIZATION ELEMENT	
TO BE COMPLETED BY MASTER TRAINER APPLICANTS	
32. HOW MANY AFTB LEVEL CLASSES HAVE YOU ATTENDED?	33. HOW MANY AFTB LEVEL CLASSES HAVE YOU TAUGHT?
34. HAVE YOU ASSISTED IN YOUR LOCAL AFTB INSTRUCTOR TRAINING PROGRAM? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
35. RATE YOUR AFTB EXPERIENCE LEVEL <div style="text-align: center;"> <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> NEW </div>	
TO BE COMPLETED BY APPLICANTS FOR MASTER TRAINER PROFESSIONAL DEVELOPMENT	
36. DATE OF MASTER TRAINER COURSE (YYYYMMDD)	
TO BE COMPLETED BY APPLICANTS FOR PROGRAM MANAGER COURSE	
37. DATE YOU BECAME A PROGRAM MANAGER (YYYYMMDD)	38. DATE OF MASTER TRAINER COURSE (YYYYMMDD)
39. RATE THE LEVEL OF ACTIVITY OF YOUR PROGRAM <div style="text-align: center;"> <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> NEW </div>	
APPLICANT VERIFICATION	
40. I understand this training is funded by the Department of Army. I certify that I am eligible to attend the training. I honestly expect to work with the AFTB program for at least one year in my military community. I understand that this training is not free and is funded by the U.S. Army Community and Family Support Center.	
a. SIGNATURE OF APPLICANT	b. DATE (YYYYMMDD)
STAFF ENDORSEMENT	
41. I have discussed the criteria and the expectations for attending this course and I fully endorse this applicant to represent this community and attend this training.	
a. PRINTED NAME OF LOCAL AFTB POC	b. SIGNATURE
c. TITLE	d. DATE (YYYYMMDD)